



# Taunton Road Medical Centre

## MAMA CLINIC QUESTIONNAIRE

*Please circle the answer that applies.*

1. Did you receive a written invitation to the MAMA clinic? **YES/NO/DK**
  
2. Was the MAMA clinic helpful **YES/NO/DK**
  
3. Would you have liked to see a Health Visitor today? **YES/NO/DK**
  
4. Were you aware that your baby would receive his/her first immunisations at MAMA clinic?  
**YES/NO**
  
5. How do you rate the service you received at the MAMA clinic today?  
**Poor                  Average                  Good                  Excellent**
  
6. What can we do to improve the MAMA clinic?

**Thank you for taking the time to complete this questionnaire.**

Please post the completed questionnaire in the red post box next to the electronic front doors.

